IOWA DEPARTMENT OF INSPECTIONS AND APPEALS

Social and Charitable Gambling Program **Annual Gambling Report for the Period**

July 1, 2015 to December 31, 2016

All blanks on this report must be completed. If you are unsure of information regarding your previous license, please contact our office. If there are any areas left blank the report may be returned to you as incomplete. If a blank on the report section is zero, please place a "0" in the appropriate box and complete the remainder of the report. Only one report should be submitted for all gambling activities during the reporting period.

Address of License Holder (include street address, city, and zip code):		
All license numbers during reporting period::		
Name of Preparer:	Telephone Number for preparer (include area co	de):
Check this box <u>only</u> if no gambling activity occurred during the reporting period.		
Annual Gambling Activity		Totals
(Line 1a) Gambling money collected as the result of Bingo →		\$
(Line 1b) Gambling money collected as the result of Raffles →		\$
(Line 1c) Gambling money collected as the result of Games of Skill and Games of Chance →		\$
LINE 1: TOTAL Gambling Money Collected (add Lines 1a, 1b, and 1c)→		\$
LINE 2: Divide LINE 1 above by 1.06 or 1.07 (CIRCLE 6% or 7%) based on the sales tax		
rate in the county where the sales took place and input the result in the box to the right. \rightarrow		\$
The difference between LINE 1 and LINE 2 is the total amount of tax due. \rightarrow $\$$		
LINE 3: Enter the cost of prizes, excluding all donated prizes. →		\$
LINE 4: Subtract LINE 3 from LINE 2. →		\$
LINE 5: Enter actual expenses incurred as a result of gambling activities (i.e. cost of license, raffle tickets, bingo sheets, advertising). This amount should not exceed 40% of LINE 4 . →		\$
LINE 6: Subtract LINE 5 from LINE 4. This entire amount must be dedicated and distributed		

Acknowledgment:

Qualified Organization name listed on license:

By signing this report form, I acknowledge that I have examined the information provided, and to the best of my knowledge and belief, the information is true, accurate, and complete. I am aware that I am subject to investigation or audit by the Department of Inspections and Appeals (DIA), the Department of Public Safety (DPS), the Attorney General, or any law enforcement official.

for educational, civic, public, charitable, patriotic, or religious uses before this report is due. \rightarrow

Date Signature of Preparer

Iowa law requires that qualified organizations submit an annual report of all transactions conducted as part of the licensee's activities. The annual report is due by January 31st of each year for transactions occurring during the previous reporting period (July 1, 2015 through December 31, 2016). Failure to submit an annual report is grounds for revocation or suspension of the organization's license or denial of future applications. Once completed, the Annual Gambling Report should be submitted no earlier than January 1st to the Department at the address below:

> Iowa Department of Inspections and Appeals Social and Charitable Gambling Program Lucas State Office Building 321 East 12th Street Des Moines, IA 50319-0083

E-Mail: scg@iowa.gov Telephone: (515) 281-6848 Fax: (515) 281-3291